

06/30/00

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EXPRESS MAIL CERTIFICATE

Date 6/29/00 Label No. 628220904

I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

D Beck D Beck
Name (Print) Signature

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR
CREDIT ANY EXCESS IN THE FEES DUE WITH THIS
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DARBY & DARBY P.C.

805 Third Avenue
New York, New York 10022
212-527-7700

Docket No: 6727/0H370

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors): David CARMEL and Yoelle MAAREK-SMADJA

Title: MORPHOLOGICAL DISAMBIGUATION

including the items indicated:

1. Specification and 35 claims: 6 indep.; 29 dep.; 0 multiple dep.
2. ☐ Executed declaration and power of attorney
☒ Unexecuted declaration and power of attorney
3. ☒ Formal drawings, 5 sheets (Figs. 1-6)
☐ Informal drawings, sheets (Figs.)
4. ☐ Assignment for recording to:

06/29/00
JC870 U.S. PTO

JC836 U.S. PTO
09/606326
06/29/00

09606326 06/29/00

5. ☐ Verified Statement Claiming Small Entity Status
6. ☐ Check in amount of \$_____, (\$_____ filing; \$_____ recording)
(See attached **Fee Computation Sheet**)
7. ☐ Preliminary Amendment.
8. ☐ Please amend the description by inserting the following paragraph after the line containing the title on page 1:
"This patent application claims the priority of U.S. provisional patent application No. 60/, which is incorporated herein by reference."

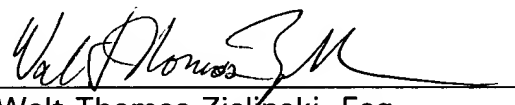
Priority is claimed for this application, corresponding application/s having been filed as follows:

Country:
Number:
Date:

The priority documents ☐ are enclosed
☐ will follow.

Respectfully submitted,

Dated: June 29, 2000


Walt Thomas Zielinski, Esq.
Reg. No. 18,902
Attorney for Applicant(s)

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PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$690.00
Total Claims	35 - 20	- 0 = 0	15 x \$18.00	\$270.00
Independent Claims	6 - 3	- 0 = 0	3 x \$78.00	\$234.00
Multiple Dependent Claims		- if so, add	\$260.00	\$0.00
Surcharge for late submission of filing fee and/or declaration (\$130.00)				\$0.00
SUBTOTAL				\$1,194.00
Small Entity REDUCTION (Half of Subtotal)				\$0.00
Fee for recordation of assignment (\$40.00)				\$0.00
Charge for filing non-English language application (\$130.00)				\$0.00
TOTAL				\$